

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

STATE PUBLIC HEALTH LABORATORY

BREATH ALCOHOL PROGRAM

## RECEIVED

INTOX EC/IR II MAINTENANCE REPORT

Complete this report at the time of the regular monthly prevent if By Carol Day at 1:09 pm, Nov 16, 2015

days). Complete this report who						
into service. Retain the origin						
INTOX EC/IR II SN	NAME OF AGENCY		DATE OF INSPECTION			
12680	SLMPD BAT VAN	SLMPD BAT VAN		11/02/2015		
LCCATION OF INSTRUMENT (STREET AND	CITY)		TIME OF INSPECTION	l .		
5120 CLAYTON ST LOUIS			10:49 CST			
CHECKLIST: Place a mark in the	box by each item if fo	ound to be satisfact	tory or is operati	ng within		
established limits. (Write in observed values where determined). Unmarked items must be corrected						
before using instrument.						
X DIAGNOSTIC RECORD				•		
X BLANK CHECK		X CO2 CHECK				
X FC 1 TEMP X FLOW CHECK						
X SRC TEMP X FCB CHECK						
X DET TEMP						
X BT TEMP						
X STD 2 TEMP						
X ETH CHECK		A				
BREATH ANALYZER ACCURACY ST	WDAKDS	THE COMPRESSION AND	TINIOT ALA LITURE	***		
SIMULATOR SOLUTION			THANOL-GAS MIXTU			
	TOXIMETERS	LOT# AG400603		DATE 01/06/2016		
SIMULATOR TEMP (34°C ±0.2°	'C) SIMUI	ATOR S/N	SIMULATOR EXP	DATE		
X CALIBRATION CHECK - (ONLY	ONE STANDARD IS TO	BE USED PER MAINT	PENANCE REPORT)			
				% of the atomical and and		
Run three tests using a standard solution. All three tests must be within +5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard solution being						
used. (PRINTOUT ATTACHED)						
0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE						
X 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE						
0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE						
			<del>,</del>			
TEST 1 ** 0.080 g/210L	TEST 2 *** 0.080	9/210L	0L TEST 3 🌣 0.079 g/210L			
INDICATE THE NUMBER OF BREAT	H TESTS IN THE FOLL	OWING RANGES SINC	E THE LAST MAIN	TENANCE REPORT:		
		· · · · · · · · · · · · · · · · · · ·				
REFUSALS 0 004 0	.05~.09 0	.1014 2	.1519 0	OVER .19 0		
LIST ANY NEW PARTS AND DESCRIBE ANY SATISFACTORILY AND WITHIN ESTABLISHE			STORE THE INSTRUMENT	TO OPERATE		
BULLDENCTONIEL WAS MILITIA EPIROPEONE	ACTE VALUE OF CITIZEN OF	ir necessari).				
INSPECTING OFFICER						
SIGNATURE ////////////////////////////////////	11117	PRINT FULL NAME				
	PIRATION DATE	LUDWIG, JUSTII	Ŋ			
	3/31/2017	(314) 444-5345				
		, , , , , , , , , , , , , , , , , , , ,				
RETURN COMPLETED REPORT						
Breath Alcohol Program, Missouri Department of Health and Senior Services,						
Southeast District Office, 2875 James Blvd, Poplar Bluff, MO 63901						



Alrgas USA LLC (LAB) 3500 Bernard Street St. Louis, Mo. 63103 Ph: (314) 533-3100 Fax: (314) 533-7328

## **Certificate of Analysis**

Customer Name Intoximeters, Inc. 2081 Craig Road St. Louis, Mo 63146 Test Date: 6-Jan-2014

Lot # AG400603

Exp. Date 6-Jan-2016 Cyl. Type

Component Ethanol

Ethanol Nitrogen Certifled Concentration

0.080 ± 0.002 BrAC (218 ppm)

Balance

## Certification Traceable to N.I.S.T. RGM Ethanol Standards:

Serial No.	Concentration 391.8 ppm 259.8 ppm 209.0 ppm 103.7 ppm 62.22 ppm	Serial No.	<u>Concentration</u>
EB0010581		EB0010603	392.5 ppm
EB0010570		EB0010559	258.9 ppm
EB0010285		EB0010595	208.9 ppm
EB0010561		EB0010562	104.9 ppm
EB0010681		EB0010579	52.94 ppm

Analytical Method:

**NDIR** 

Cigitally signed by Quality Control Date: 2014.01.06 14:54:15-06:00 Reason: Dry gos standard certification of gnalysis Location; Airgas USA LLC (Lab)

Analyst

Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01